

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

172 3033 52

1. PLACE OF DEATH

a. COUNTY Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN LebanonLength of stay in lb
10 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Louise G. Wallace HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Camden

c. CITY
OR
TOWN CamdentonInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 203 Camden AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Allie

Ona

Edwards

4. DATE
OF
DEATHMonth Day Year
March 15, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept. 15, 1887 75

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
housewife10b. KIND OF BUSINESS OR INDUSTRY
—11. BIRTHPLACE (City and state or country)
Stoutland, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Harry Bradley

13b. MOTHER'S MAIDEN NAME

Margaret Thomas

14. NAME OF HUSBAND OR WIFE

Kelly Doyle Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
no16. SOCIAL SECURITY NO.
—17. INFORMANT
Helen Walters 203 Camden Avenue
Camdenton, Missouri18. CAUSE OF DEATH (Enter only one cause per
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE: (a)

CARCINOMATOSIS OF ABDOMEN

INTERVAL BETWEEN
ONSET AND DEATH

2 MONTH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

APPENDICARINOMA OF COLON

6 MONTHS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-9-63

to 3-15-63

and last saw her alive on 3-14-1963

Death occurred at 3-15-1963

2:55A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Camdenton, Mo.

22c. DATE SIGNED

3-16-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

3/17/63

23c. NAME OF CEMETERY OR CREMATORY

High Point Cemetery

23d. LOCATION (City, town, or county)

Camdenton County, Missouri

(State)

24. SIGNATURE OF

ADDRESS

Walter Hedges

Camdenton, Missouri

25. DATE RECD. BY LOCAL REG.

3-16-1963

26. REGISTRAR'S SIGNATURE

Hella L. Way

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

6535
20150

3

4 1

5 2

6

7 0

8 2

9 153.8

10

11

12 1-0

13 1-0

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter A. Hedges

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 8-16-1963 - D.A.R.